



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

**Aging and Disability Services  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5050**

July 26, 2013

**CERTIFIED MAIL 7007 1490 0003 4202 0962**

Gladys Dinglasan  
Jade Park Care Center  
c/o 4008 159<sup>th</sup> Street Court East  
Tacoma WA 98446

Adult Family Home License #750869

**IMPOSITION OF CIVIL FINE**

Dear Ms.:

This letter constitutes formal notice of the imposition of a civil fine for your adult family home, located at **8017 Jade Drive SW, Lakewood, Washington**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code 388-76-10940.

The civil fine is based on the following violations of the RCW and/or WAC found by the department in your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **July 15, 2013**.

**WAC 388-76-10350(1)(2) Assessment—Updates required.** **\$500.00**

The licensee failed to ensure an assessment was done for one resident whose skin wounds got worse.

**WAC 388-76-10380(2) Negotiated care plan—Timing of reviews and revisions.** **\$500.00**

The licensee failed to ensure the negotiated care plan for one resident with skin breakdown was revised when the resident developed further skin breakdown.

**WAC 388-76-10400(2) Care and services.** **\$2,000.00**

The licensee failed to ensure that one resident with skin breakdown received the necessary care and services to prevent skin breakdown and ensure that appropriate foot care was done. In addition, the licensee failed to take a resident's pulse daily as required before giving blood pressure medication during the month of May 2013.

**Plan of Correction/Attestation**

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Dahl Kim, Field Manager  
District 3, Unit A  
P.O. Box 45819  
MS: N27-24  
Olympia WA 98504-5819  
Phone: (253) 983-3826/ Fax: (253) 589-7240

You may contest the civil fine by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$3,000.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due the department will be recovered.

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the

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deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax 360-725-3225

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

If you have any questions, please contact Dahl Kim at (253) 983-3826.

Sincerely,

Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Enclosure

cc: Bett Schlemmer, Compliance Specialist  
Field Manager, District 3, Unit A  
RCS District Administrator, District 3  
HCS Regional Administrator, Region 3  
DDD Regional Administrator, Region 3  
WA LTC Ombudsman  
Area Agency on Aging, AAA-Pierce  
Office of Financial Recovery, Vendor Program Unit  
Medicaid Fraud Control Unit  
Judi Plesha, HCS  
BAM